

STATE OF ARIZONA

ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Arizona Department of Environmental Quality
Air Quality Compliance Section
Asbestos NESHAP Program
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<http://www.azdeq.gov/environ/air/asbestos/index.html>

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

YUMA County, Arizona - Revised September 2007

National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:			
1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Revision 2; () Revision 3; () Revision 4; () Revision 5; () Cancel							
2a. FACILITY OWNER INFORMATION							
Name of Company or Individual:							
Address:							
City/Community:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:							
Address:							
City:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
2c. DEMOLITION CONTRACTOR/OPERATOR:							
Address:							
City:			State:	Zip:			
Contact Person:		Telephone:	Fax:				
3. TYPE OF OPERATION: () Renovation, () Emergency Renovation, () Demolition, () Ordered Demolition, () Annual Non-scheduled Operations							
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR			DATE:				
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)							
Building Name:		Visible Signage:					
Street Address:		Identifying Features:					
City:	County: YUMA	State: AZ	Zip:				
City/County Renovation Permit#:		City/County Demolition Permit#:					
Building Size in Floor Area (Sq. Ft.)		Number of Floors Affected:	Age of Facility:				
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:				
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. () Polarized Light Microscopy-PLM ; () Point Counting; () Assumed; () Other _____ NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____							
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo		
			CAT I	CAT II	CAT I	CAT II	
		On Facility Components; Pipes (Linear Feet)					
		On Facility Components; Surface Area (Square Feet)					
Off Facility Components; Volume (Cubic Feet)							
8. DATES FOR ASBESTOS REMOVAL Start Date: _____ Completion Date*: _____ Days of Operations: M T W TH F SA SU							
9. DATES FOR DEMOLITION Start Date: _____ Completion Date*: _____			Hours of Operations: _____				
Mail/Deliver to:	Copy of Notification to:	Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located:					
Arizona DEQ/AQD Attn: Asbestos Coordinator 1110 W. Washington Phoenix, AZ 85007 602-771-2333	ADOSH Attn: Supervisor of Industrial Hygiene 800 W. Washington Phoenix, AZ 85007 602-542-5795	City of San Luis Planning & Zoning Director PO Box 3750 San Luis, AZ 88349 928-341-8565	City of Somerton Planning & Zoning Attn: Building Official 143 N. State St. Somerton, AZ 85350 928-627-7806	City of Yuma Community Development Attn: Building Official One City Plaza PO Box 13013 Yuma, AZ 85366-3013 928-373-5160	Town of Welton Town Clerk Attn: Building Official PO Box 67 Welton, AZ 85356 928-785-3348		

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> Asbestos-Containing Roof Removal ≥5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS: <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____			
12a. ASBESTOS WASTE TRANSPORTER #1:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
12b. ASBESTOS WASTE TRANSPORTER #2:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
13. ASBESTOS WASTE DISPOSAL SITE:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER			
Name: _____		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:			
<input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site			
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.			
_____ (Print Name: Owner/Operator)		_____ (Title)	
_____ (Signature of Owner/Operator)		_____ (Date)	
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):			
_____ (Print Name of Inspector)		_____ (Training Provider)	
_____ (AHERA Certificate Number)		_____ (Expiration Date)	
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____ Rev. Date _____			
_____ (Print Name: Owner/Operator)		_____ (Title)	
_____ (Signature of Owner/Operator)		_____ (Date)	